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P15 MORBIDITY, MORTALITY, AND SURVIVAL OF PATIENTS WITH PROXIMAL GASTRIC ADENOCARCINOMA AFTER PROXIMAL SUBTOTAL GASTRECTOMY – A COMPARATIVE STUDY

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Background: The advantages of proximal resection with jejunal interposition and modified D2 lymphadenectomy, for elderly patients, could outweigh the higher risk of recurrence with this less radical lymphadenectomy. The aim of our study was to evaluate proximal resection with modified D2 lymphadenectomy as an alternative in selected patients.

Methods: Between 1993 and 2009, 161 patients at our centre had surgery for adenocarcinoma of the proximal third of the stomach. Patients were divided into three groups: (1) PG, proximal resection with jejunal interposition and modified D2 lymphadenectomy (19.3%, 31 patients); (2) TH, transhiatal extended total gastrectomy with resection of the distal oesophagus and D2 lymphadenectomy (23.6%, 38 patients); (3) GT, total gastrectomy with D2 lymphadenectomy (57.1%, 92 patients). We analysed postoperative morbidity, 30-day mortality, and survival. Quality of life was evaluated with the gastrointestinal quality-of-life index (GIQLI) questionnaire.

Findings: Patients in the PG group (79.4 ± 9 years) were significantly older than the patients in the GT (63.9 ± 11 years) or TH group (60.1 ± 12 years; $p < 0.0001$), and in worse general condition. Fewer lymph nodes were harvested in the PG group (17.2 ± 11) than in the GT and TH groups (24.05 ± 13 and 26.3 ± 13). There were no significant differences in the distribution of pathohistological characteristics and tumour TNM stages between groups. An R0 resection could be done in 77.2–86.8% of cases. 30-day mortality was 9.7% in the PG group, 6.5% in GT, and 5.3% in TH. There were no differences in morbidity and 5-year survival between groups (25.3% in PG, 26.3% in GT, and 28.9% in TH). No differences were found in the total scores of the GIQLI questionnaire ($p = 0.893$). Patients in the PG group had the lowest scores in digestive functions.

Interpretation: Proximal resection should be reserved for high-risk elderly patients with proximal gastric cancer, who have shorter expected long-term survival. These resections carry acceptable morbidity and mortality; however, reconstruction with jejunal interposition does not bring the desired functional benefits.

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P16 MAIN DETERMINANTS OF SEVERE NEUTROPENIA IN PATIENTS WITH SOLID TUMOURS RECEIVING ADJUVANT CHEMOTHERAPY

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Background: Chemotherapy-induced neutropenia, a toxic effect of systemic chemotherapy, is often associated with substantial mortality and morbidity; thus, identifying its related determinants is necessary. The aim of this study was to identify the main consequences of severe neutropenia following adjuvant chemotherapy, in a community-based population of patients with cancer in Iran-Semnan.

Methods: This prospective study included 828 consecutive patients who received chemotherapy for histologically proven primary or metastatic solid tumours. Demographics data, disease characteristics, and comorbidities (including current smoking and diabetes) were collected from interviews with the patients and their laboratory data and files. Patients had a complete blood count 1 week after the first course of chemotherapy.

Findings: Based on the absolute neutrophil count nadir value, 30 patients (3.6%) had severe neutropenia. Multivariable logistic-regression analysis showed that advanced age (OR = 5.262, $p = 0.012$) and diabetes mellitus (OR = 8.126, $p = 0.015$) were main determinants of severe neutropenia, with the presence of demographic characteristics and comorbidities as confounders.

Interpretation: We identified advanced age and diabetes as main determinants of high-grade neutropenia in Iranian patients with solid tumours who were receiving adjuvant chemotherapy.

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P17 CLINICAL OUTCOMES AND PROGNOSTIC FACTORS FOR SURGICAL TREATMENT OF ADVANCED MEDULLARY THYROID CARCINOMA

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Background: Total thyroidectomy and central neck dissection are the procedures of choice for patients with medullary thyroid carcinoma (MTC). We reviewed patients with advanced MTC who underwent surgical treatment, to discuss the clinical outcomes and prognostic factors.

Methods: 132 patients had total or subtotal thyroidectomy with central neck dissection. Ipsilateral ($n = 96$) and bilateral ($n = 36$) modified radical neck dissection was done simultaneously, in patients with and without evidence of suspicious lymph nodes. After surgery, basal and stimulated serum calcitonins (Cts) were measured in all patients. Follow-up ranged between 5 and 12.5